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APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 04/16/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 53	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

32329

TITLE

METHOD AND SYSTEM FOR RECORDING EVENTS OF AN INTERRUPT USING PRE-INTERRUPT
 HANDLER AND POST-INTERRUPT HANDLER

FILING FEE RECEIVED 2436	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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